



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF UNEMPLOYMENT ASSISTANCE

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LT. GOVERNOR

JOANNE F. GOLDSTEIN
SECRETARY

**REQUEST FOR VERIFICATION OF CREDIT
INFORMATION SHOWN ON FORM 940**

Calendar Year Requested: _____

Requester Name/Title: _____

Employer's Name: _____

Telephone Number: _____ Fax #: _____

DUA Employer Account Number: _____

Federal Identification Number: _____

Agent/Professional Tax Preparer/ Third Party? _____ ID Number: _____

Mailing Address for Form 940

Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Or Fax to: (_____) _____

Note: Employers with an active Employer Account Number(EAN) with DUA may request this information directly online. Go to: www.mass.gov/uima Click on: 1) **Employer Login** - 2) **Payment Information** - 3) **Request for 940 Certificate** - 4) **Search the Year - 940 Certification Search Results** - 5) click **Next** - 6) **ADDRESSES BOX** - (Follow instructions) - 7) **submit** - (You will receive a confirmation notice and you shall receive the form 940 Certification within 5 business days from the automated requested date.)

Mail Form To:
Department of Unemployment Assistance
Attention: Patricia Graham
19 Staniford Street, Revenue Service, 5th Floor
Boston, MA 02114
Or
Fax To: 617-523-2334

www.mass.gov/eolwd